FORM D

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** ŰNÍFORM LIMITED OFFERING EXEMPTION



Prefix	_	Serial
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Name of Offering (check if this is an amendment and name has changed, and indicate change.) Private Placement of Common Stock of Wyle Holdings, Inc. ("Wyle") Filing Under (Check box(es) that apply): Rule 504 ☐ Rule 505 □ Rule 506 Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Wyle Holdings, Inc. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 128 Maryland Street, El Segundo, CA 90245 (310) 322-1763 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business Holding company Type of Business Organization ☐ limited partnership, already formed □ corporation other (please specify): business trust limited partnership, to be formed Month Year Actual or Estimated Date of Incorporation or Organization: 2 0 3 Actual □ Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada: FN for other foreign jurisdiction) DE GENERAL INSTRUCTIONS Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6). When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address. Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549 Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee.

State:

SEC 1972 (6-02)

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 10

A. BASIC IDENTIFICATION DATA								
2. Enter the information requested for the following:								
Each promoter of the issuer, if the issuer has been organized within the past five years;								
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;								
Each executive office	r and director of co	rporate issuers and of corpo	rate general and managing p	artners of partners	nip issuers; and			
 Each general and mar 	Each general and managing partner of partnership issuers.							
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner			
Full Name (Last name first, if	individual)							
Littlejohn Fund II, L	.P.		_					
Business or Residence Address	s (Number and Stre	et, City, State, Zip Code)						
115 East Putnam Ave	enue, Greenwic	h, CT 06830						
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if	individual)							
Angus C. Lttlejohn J	r. (See Note 1)				_			
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)						
115 East Putnam Ave	enue, Greenwic	h, CT 06830						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if	individual)							
Edmund J. Feeley (Se	ee Note 1)							
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)						
115 East Putnam Ave	115 East Putnam Avenue, Greenwich, CT 06830							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner			
Full Name (Last name first, if	individual)							
Steven G. Raich								
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)						
115 East Putnam Ave	enue, Greenwicl	h, CT 06830						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if	individual)							
George R. Melton								
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)						
128 Maryland Street, El Segundo, CA 90245								
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☑ Executive Officer	□ Director	General and/or Managing Partner			
Full Name (Last name first, if i	Full Name (Last name first, if individual)							
Drexel L. Smith								
Business or Residence Address (Number and Street, City, State, Zip Code)								
128 Maryland Street, El Segundo, CA 90245								
Note 1: Feeb of Messes	Littleichn and	d Foolog are member	s and managers of Lie	tleichn Associ	inter II I I C the			

Note 1: Each of Messrs. Littlejohn and Feeley are members and managers of Littlejohn Associates II, L.L.C., the general partner of Littlejohn Fund II, L.P. As a result, each of Messrs. Littlejohn and Feeley may be deemed to beneficially own shares of capital stock of Wyle Holdings, Inc. owned by Littlejohn Fund II, L.P. Each of Messrs. Littlejohn and Feeley disclaim beneficial ownership of such shares of capital stock of Wyle Holdings, Inc. beneficially owned by Littlejohn Fund II, L.P. except to the extent of their pecuniary interest therein.

Check Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if individual)									
Constantinos D. Yiakas									
Business or Residence Address	Business or Residence Address (Number and Street, City, State, Zip Code)								
128 Maryland Street,	El Segundo, CA	90245							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☑ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if i	individual)		, , , , , , , , , , , , , , , , , , ,						
L. Craig Smith									
Business or Residence Address	(Number and Street	, City, State, Zip Code)							
128 Maryland Street,	128 Maryland Street, El Segundo, CA 90245								
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if i	Full Name (Last name first, if individual)								
Robert Hauser									
Business or Residence Address	(Number and Street	, City, State, Zip Code)							
128 Maryland Street,	El Segundo, CA	90245							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner				
Full Name (Last name first, if i	individual)								
Douglas Van Kirk									
Business or Residence Address (Number and Street, City, State, Zip Code)									
128 Maryland Street,	128 Maryland Street, El Segundo, CA 90245								

				В.	INFORM	ATION AB	OUT OFFE	RING				
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							Yes	No				
Answer also in Appendix, Column 2, if filing under ULOE.								· Ц				
2. What is the minimum investment that will be accepted from any individual?								\$No Minimum				
····									Yes	No		
3. Doe	s the offeri	ng permit j	oint owner	ship of a s	ingle unit?	••••••	•••••	• • • • • • • • • • • • • • • • • • • •	***********	••••••	. 🛛	
com offe and	mission or ring. If a p or with a s	similar ren erson to be ate or state	nuneration listed is and s, list the m	for solicita associate ame of the	ition of pur d person or broker or	chasers in agent of a dealer. If n	connection broker or nore than f	given, dire with sales dealer regis ive (5) pers for that br	of securition stered with ons to be l	the SEC isted are		
Full Na	ame (Last n A	ame first, i	f individua	1)								
Busine	ss or Resid	ence Addre	ss (Numbe	r and Stree	et, City, Sta	ite, Zip Co	de)					
Name o	of Associate	ed Broker o	or Dealer									
	n Which Pe											l States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	— [HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
Full Na	me (Last n	ame first, i	f individua	1)								
Busine	ss or Reside	ence Addre	ss (Numbe	r and Stree	t, City, Sta	ite, Zip Co	de)					
Name o	of Associate	d Broker o	r Dealer									
	n Which Pe											l States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	/ [HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
	me (Last na		 				[, 7]		[""]	[** 1]	["1]	
Dusings	a or Bosida	maa Addra	os Olumbo	n and Straa	t City Sto	to Zin Cou	40)					
Business or Residence Address (Number and Street, City, State, Zip Code)												
Name o	f Associate	d Broker o	r Dealer									
	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)								l States			
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged Amount Already Aggregate Type of Security Offering Price Sold \$0 Debt \$8,662,962.97 Equity \$6,299,788.65 ☐ Preferred Convertible Securities (including warrants).....\$0 Partnership Interests......\$0 \$0 Other (Specify ____) \$0 \$6,299,788.65 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount of Purchases Investors 57 Accredited Investors \$ 6,299,788.65 N/A Non-accredited Investors \$N/A Total (for filings under Rule 504 only) N/A \$N/A Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Type of Offering Security Sold Rule 505..... Regulation A..... \$ Rule 504..... \$ Total \$ 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. \$N/A Transfer Agent's Fees.... Printing and Engraving Costs \$ N/A \$30,000 Legal Fees. Accounting Fees \$ N/A Engineering Fees □ \$ N/A Sales Commission (specify finders' fees separately)..... \$ N/A Other Expenses (identify) _____ □ \$N/A

Total

\$30,000

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USI	OI	PROCEEDS	•	
b.	Enter the difference between the aggregate offering price given in response to Part C – Ques and total expenses furnished in response to Part C – Question 4.a. This difference is the "adj gross proceeds to the issuer."	uste	ed	\$8,	632,962.97
5.	Indicate below the amount of the adjusted proceeds to the issuer used or proposed to be used each of the purposes shown. If the amount for any purpose is not known, furnish an estimate check the box to the left of the estimate. The total of the payments listed must equal the adjugross proceeds to the issuer set forth in response to Part C – Question 4.b above.	and	i		
			Payments to Officers, Directors & Affiliate	:	Payments To Others
	Salaries and fees		\$0	□	\$0
	Purchase of real estate		\$0	_ □	\$0
	Purchase, rental or leasing and installation of machinery and equipment		\$0	_ 🗆	\$0
	Construction or leasing of plant buildings and facilities		\$0	□	\$0
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger).		\$0	П	\$0
	Repayment of indebtedness	_	\$6,065,095.89		\$0
	Working capital		\$0		\$2,567,867.08
	Other (specify):		\$0		\$0
		_	\$0		\$0
	Column Totals		\$6,065,095.89	—	\$0
	Total Payments Listed (column totals added)			\$8,632,96	2.97

D. FEDERAL SIGNATURE					
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.					
Issuer (Print or Type)	Signature	Date			
Wyle Holdings, Inc.	Deleglas Van Kull	06/21/05			
Name of Signer (Print or Type)	Title of Signer (Print or Type)				
Douglas Van Kirk	Vice President, Controller and Assistant Secretary				

-ATTENTION-

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)